Division of State Operated Healthcare Facilities

Legislative Oversight Committee Presentation

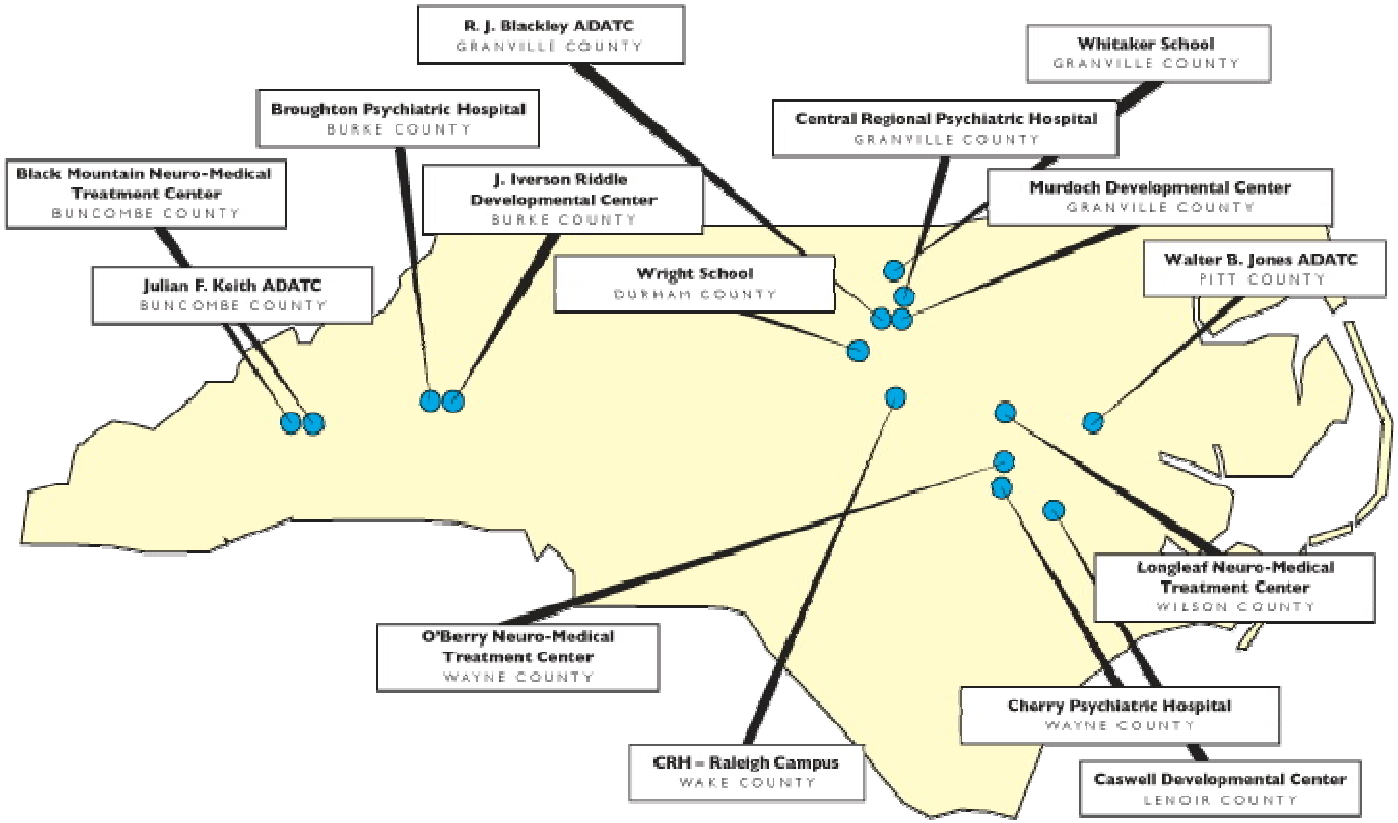
November 10, 2009

Division Mission Statement

We are a
system of healthcare facilities
that
respects the dignity of individuals
and
provides
individualized,
compassionate,
efficient,
quality care
to the citizens of North Carolina
with
developmental disabilities,
substance use disorders and
psychiatric illnesses
and
whose needs exceed
the level of care
available in the community.

Touching Lives. Enriching Futures.

The Facilities



Touching Lives. Enriching Futures.

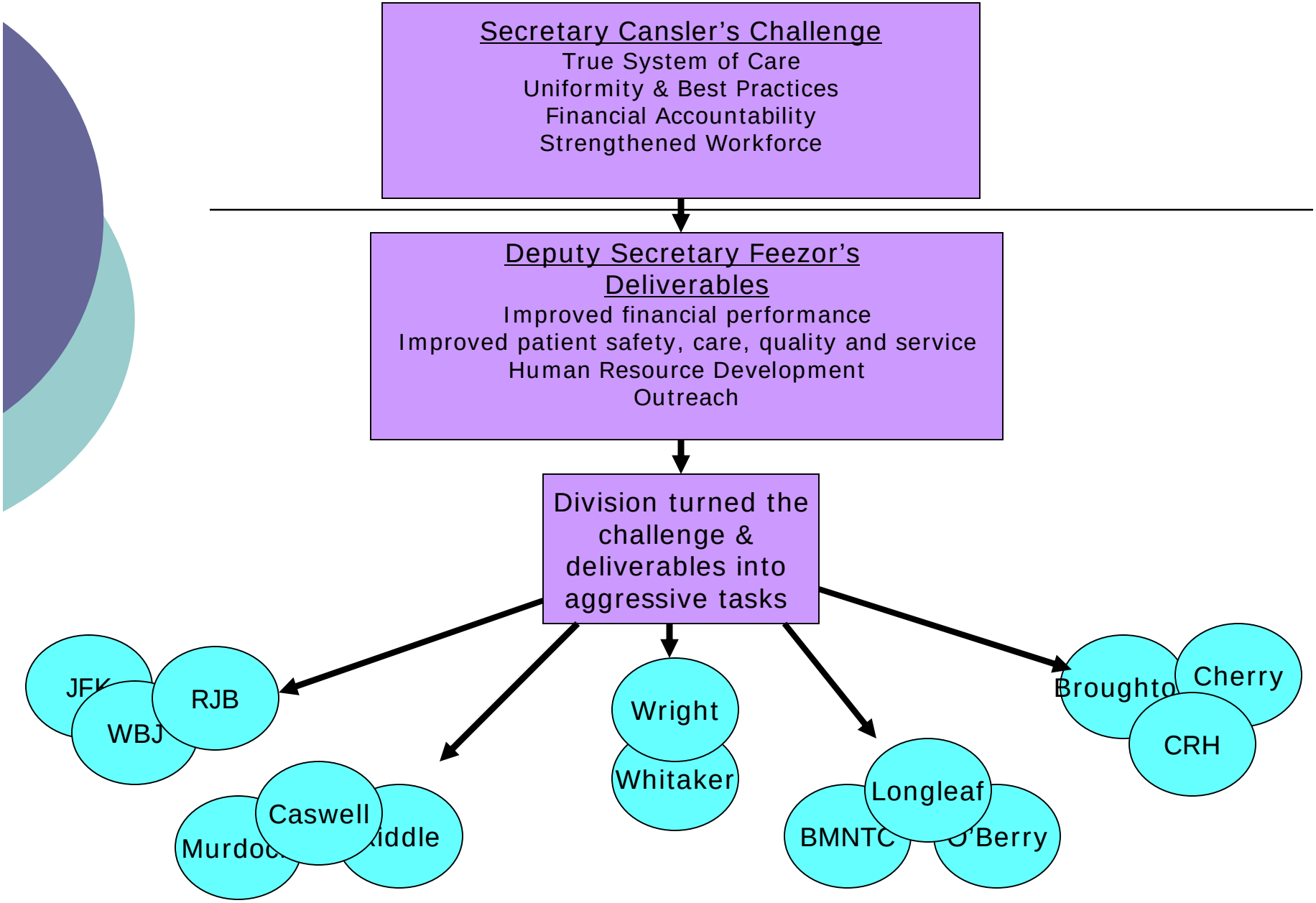
Partnerships

- Division of MH/DD/SAS
- Local Management Entities
- Provider Agencies
- Community Hospitals
- Advocacy Groups
- Office of Educational Services
- Division of Health Service Regulation
- Division of Public Health
- Universities and Colleges

Facility Adoption

We have implemented performance measures at each facility in the areas of:

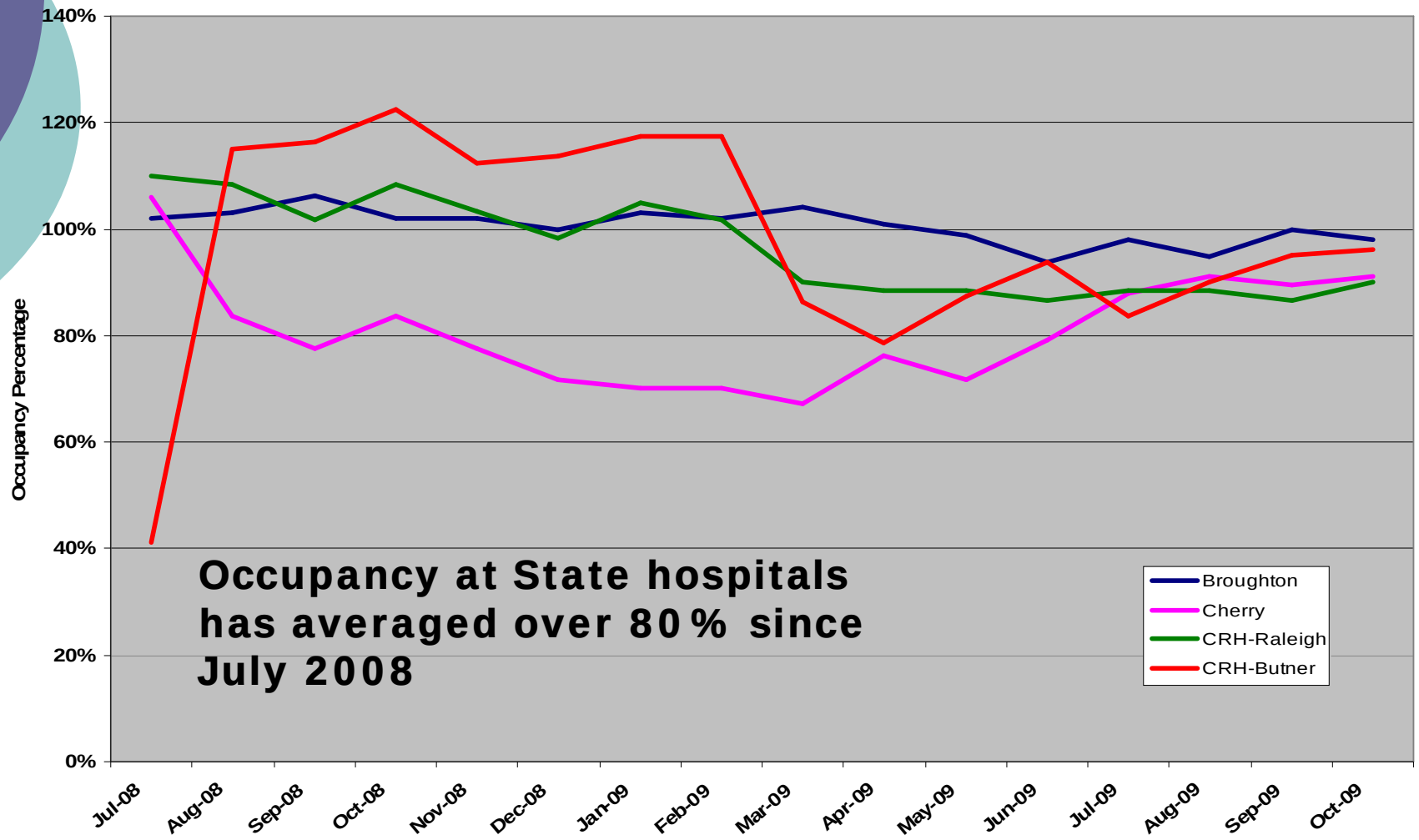
- Patient/Resident Safety and Clinical Care
- Financial
- Human Resources and
- Customer Service


Secretary Cansler's Challenge
True System of Care
Uniformity & Best Practices
Financial Accountability
Strengthened Workforce
Deputy Secretary Feezor's Deliverables
Improved financial performance
Improved patient safety, care, quality and service
Human Resource Development
Outreach
Division turned the challenge & deliverables into aggressive tasks
JFK
RJB
WBJ
Caswell
Murdoc
iddle
Wright
Whitaker
Longleaf
BMNTC
O'Berry
Broughto
Cherry
CRH

Accreditation & Compliance

- All State psychiatric hospitals are currently certified by CMS
- Cherry & CRH Butner/Raleigh are accredited by Joint Commission; Broughton is preparing to reapply for Joint Commission accreditation

Adult Admissions Units Occupancy vs Capacity

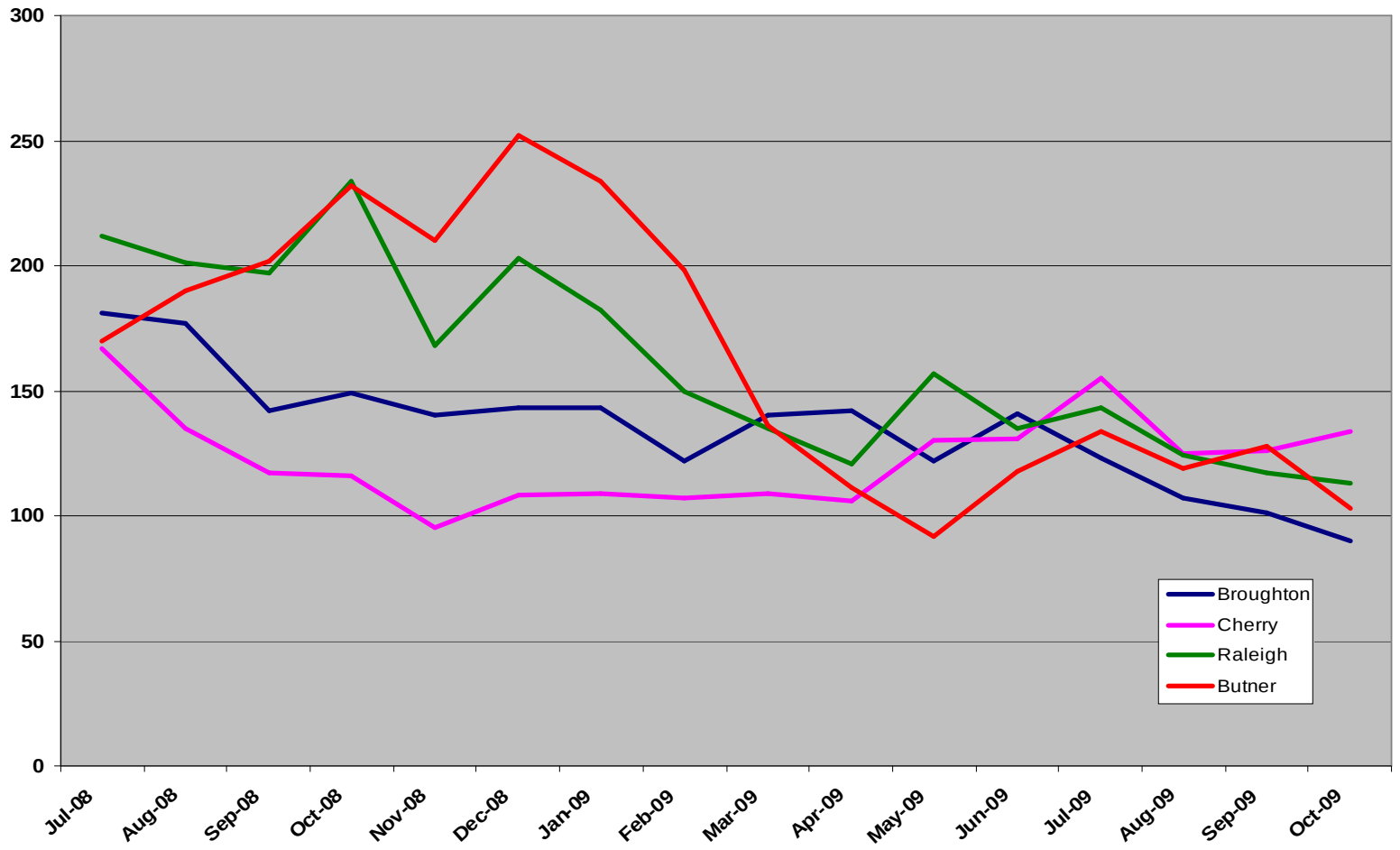


Occupancy Rate for Community Hospitals

75.2% Occupancy:

Criteria used by the North Carolina State Facilities Medical Plan when determining the need for additional beds for hospitals of 200+ beds

Adult Admissions Units
Monthly Admissions



Decrease in Admissions

- Reduction in capacity of adult in-patient beds at the State psychiatric hospitals; in 2007 there were 419 and currently have 302, a reduction of 117 beds (28%)
  - Broughton – 95
  - Cherry – 67
  - CRH Butner – 80
  - DDH - 60
- Average length of stay has increased
  - Higher acuity of patients; community hospitals serving lower acuity patients
  - Ability to delay allows for longer course of treatment before discharge; resulting in decreased recidivism rate

2009 – 2010 Plan

- Bed allocation plan was originally developed to assist LMEs in identifying community service needs
- Current bed allocations for each LME are based upon their per capita share of available beds, not historical use
  - Adult Admissions
  - Adult Long Term
  - Geriatric Admissions
  - Adolescent Admissions

2009 – 2010 Plan (Cont)

- Utilization of all other beds is tracked, but not allocated
- Allocation changes for 2009-2010 plan reflect post-budgetary capacity changes and regional realignment of LMEs
- There is no charge for over-utilization

Recurring Position Eliminations $12.8m & Non-core Service Reductions $4.5m

- The General Assembly granted DHHS the flexibility to meet the target budget reductions with a combination of positions and operating costs
- Reduced a total of 402.2 (314 vacant; 87.5 filled; 265 clinical) positions
- Limits adult admission capacity at CRH to 80
- Limits staffed capacity to 28 beds at BH adolescent unit (current average daily census is 19)

Cherry & Broughton Reductions

- The Cherry Hospital budget was reduced by $3,027,471, including 49 FTEs* leading to a reduction in operating capacity of 25 adult admission and adult long term beds

- The Broughton Hospital budget was reduced by $3,000,000 including 55 FTEs* leading to a reduction in operating capacity of 25 adult admission beds

* included in total FTE reduction on previous slide.

Total budgetary reductions made at the facilities this year equals

$24,219,098.00*

(does not include the $55,000,000 of unfunded overtime pay, shift differential or workers' compensation)

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Federal Payback

- Successful appeal of CMS decertification at Broughton Hospital will result in recoupment of billing during “decertification” period

- Projected recoupment is approximately $8,329,268 and currently have received approximately $5,921,283

Transition Plan from Dix to CRH

- Approximately 100 patients will be transferred to CRH
  - **Adolescent – November 16 - 25, 2009**
  - **Geriatric – November 16 - 25, 2009**
  - **Adult Long Term – First Quarter 2010**
  - **Forensic Maximum and Medium – First Quarter 2010**
- 300+ positions will be transferred to CRH
- Positions at DDH will be filled based on seniority; employees are indicating facility & shift preference
- Employees not placed in a position at DDH will be offered a position at CRH

Dorothea Dix Hospital
Short-term Plan

- DHHS is currently in the process of requesting from CMS separate provider numbers for CRH and Dorothea Dix Hospital
- Pending CMS approval, targeted date for separation is January 1, 2010
- The future plans for DDH includes 121 beds, with the following services:
  - Adult admissions – 60 beds
  - Forensic Minimum – 25 beds
  - Psychiatric Residential Treatment Facility for adolescents – 24 beds
  - Clinical Research Unit – 12 beds

Challenges Associated with the Separation

- $6,000,000 of the funding for DDH is non-recurring
- Re-establishing management positions at DDH
- Joint Commission accreditation & CMS certification
- Retraining of staff associated with the move

New Hospital Construction

- Cherry Hospital
  - Construction drawings have been submitted for review
  - Anticipated ground-breaking: April 2010
  - Anticipated completion date: Oct 2012
- Broughton Hospital
  - Schematic design drawings have been submitted for agency review
  - Anticipated ground-breaking: Nov 2010
  - Anticipated completion date: May 2013

Admission Delays at the Psychiatric Hospitals

- There is State-wide crisis of capacity for in-patient psychiatric beds
- Over the last two years the State has funded the opening of additional beds in the community that you will hear about in the next presentation
- During the same period we have reduced a substantial (117) number of State psychiatric beds in order to improve safety and clinical care
- There is an increased demand for psychiatric admissions
- Average delays are 36 - 48 hours, but can be several days

Strategies Related to Delays

- DMH/DD/SAS has visited EDs that have experienced significant delays in order to elicit information
- Facility directors have held meeting with LMEs and law enforcement in each region to improve the admission process
- Increased efforts to improve customer service in State hospital Screening and Admission Offices

Questions

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